SCHEDULE A (FEC Form 3)

PAGE 111 OF 227 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** | 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nikki Foster for Ohio Full Name (Last, First, Middle Initial) Goodrich, Robert, , , Date of Receipt Mailing Address 4417 Broadmoor Ave SE 2019 15 City State Zip Code Transaction ID: 4501216 MI 49512-5367 **Grand Rapids** FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation **Goodrich Quality Theaters** President Memo Item Receipt For: 2020 Election Cycle-to-Date **x** Primary General 1500.00 Other (specify) * Earmarked Contribution: See Below Full Name (Last, First, Middle Initial) ActBlue Date of Receipt Mailing Address PO Box 441146 2019 11 21 City State Zip Code Transaction ID: 4501216E West Somerville MA 02144-0031 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Conduit total listed in Agg. field Memo Item Receipt For: 2020 Election Cycle-to-Date _ **✗** Primary General 96116.23 Other (specify) ▼ Note: Above Contribution earmarked through this organization. Full Name (Last, First, Middle Initial) Holten, Keith, B., , Date of Receipt Mailing Address 1412 Pinnacle Club Dr 30 2019 City State Zip Code Transaction ID: 4589716 OH Grove City 43123-8664 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Self Employed Health Care Consultant Memo Item Receipt For: 2020 Election Cycle-to-Date ✗ Primary General Other (specify) 220.00 * Earmarked Contribution: See Below 1025.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....